REQUEST FOR FAA WAIVER (Version 10-25-01)

I. COMPANY/AIRCRAFT INFORMATION:

Name of Company:							
Mailing Address:Street Address			City/State	;		Zip Co	 ode
Company Telephone No.:	Company	Fax No.:					
Purpose of Flight:							
Check One: Inside Enhanced Class B Airspace	Out	side Enha	nced Cl	ass B Ai	rspace _		
Please specify whether flight is Cargo, Passenger o	or Both						
Name and Telephone Number of Requestor:							
Flight Itinerary: * ATTACH AS SHOWN	N ON NEXT P	AGEINC	CLUDE 1	DATES		*	
Type of Aircraft	Aircraft C	all Sign					
State of Aircraft Registry & Tail No.							
Aircraft Maximum Certified Takeoff Gross Weight:							
II. CREW AND PASSENGER INFORMATION (Name, SSN or Passport No. and National					<u>T PAGI</u>	<u> </u>	
III. AFFIRMATION: Requestor/Signatory m (Please check (X) each criteria.)	nust affirm to	each of the	e followi	ng:			
Access to the aircraft has been properly co A senior company representative has verificand passenger. There are no unauthorized passengers on The purpose of the flight is accurately rep The aircraft will not deviate from the appre	board the air	y and auth craft. ction I ab	orizatio		h crewm	ember	
IV. SIGNATURE OF CORPORATE SECURI EQUIVALENT.	TY DIRECTO	R, COMP	'ANY PI	RESIDEN	√T, OR		
Signature	Title					I	Date
* * * * * *	* *	*	*	*	*	*	*
FOR FAA AIR TRAFFIC USE ONLY							
Approved:	De	nied:			_		
Thomas R. Davidson Air Traffic Customer Advocate (202) 26		M15		Date	:		_

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AMENDMENTS WILL NOT BE ACCEPTED DUE TO THE VOLUME OF WAIVERS REQUESTED.

Flight Itinerary

Departure Airport with Date of Proposed Departure:
Please list all legs of flight with proposed dates:
Proposed Destination with Date:
Return Flight Destination with Date:
Crew and Passenger Information
Name, SSN or Passport No. and Nationality of Crew Members and Passengers: